



**Eclipse Associates**  
Environmental Consulting  
7 Clark Circle  
Pelham, NH 03076  
(603) 234-5480

September 29, 2008

US Environmental Protection Agency  
NCCW GP Processing  
Municipal Assistance Unit (CMU),  
1 Congress Street, Suite 1100  
Boston, MA 02114-2023

10/1/08  
received  
MAG-250021

RE: Request for Renewal Coverage – Notice of Intent  
NPDES General Permit for Non-Contact Cooling Water - MAG250000  
Ametek Aerospace and Defense  
50 Fordham Road  
Wilmington, Massachusetts

Enclosed please find a Notice of Intent (NOI) requesting that the above referenced facility be covered under the Massachusetts General Permit for Non-Contact Cooling Water, MAG250000. Ametek Aerospace and Defense was originally covered for this discharge under an individual NPDES permit (MA0001635). Since the wastewater discharge consisted solely of non-contact cooling water, in 2002 Ametek requested coverage under the now expired General Permit for Non-Contact Cooling Water. Ametek's NOI application was approved and they were granted coverage under the General permit (MAG250021).

Ametek has prepared the enclosed NOI with appropriate facility and contact information on the suggested NOI form contained in Appendix 5 of the General Permit.

Please note that the assessment of eligibility criteria pertaining to Endangered Species indicates that Ametek meets Criteria A/B. This response is provided based on a conversation with Damien Houlihan (September 24, 2008) of the EPA. The Ametek site is located in Middlesex County which is listed as a General Location/Habitat for the *Small Whorled Pogonia* plant. However, the latest federal list of endangered and threatened species in Massachusetts limits the location within Middlesex County to the town of Groton (over 25 miles upstream of the site). Further, Mr. Houlihan indicated that since the only species listed for the county was a plant and not an animal, Criteria A may be satisfied. Although it is likely that this documentation supports the Criteria A eligibility, Criteria B was also assessed. Criteria B states that if the site has had an Endangered Species Act (ESA) review previously (e.g., such as with an individual NPDES permit), that such a review would address this issue. Since the site was previously covered by an Individual NPDES permit, we believe Criteria B has also been satisfied, although we do not have record of the original ESA. Given this information, Ametek could meet both A and B criteria for the ESA.

A copy of this NOI is submitted to the Massachusetts Department of Environmental Protection to fulfill State reporting obligations. After discussion with Kevin Brander (978-694-3236) of the Northeast Regional office, MA DEP form WM 11 and associated fee are no longer necessary. The most recent transmittal number of the last application for coverage under the NCCWGP is W 061339.

If you require additional information, please feel free to contact me at 603 234-5480.

Sincerely,

Elizabeth J.E. Wood  
Project Manager

enc.

Cc: U.S. Environmental Protection Agency  
Water Technical Unit (SEW)  
Post Office Box 8127  
Boston, MA 02114-8127

Massachusetts DEP  
Division of Watershed Management  
627 Main Street, 2<sup>nd</sup> Floor  
Worcester, MA 01608

## APPENDIX 5

### Suggested Form for Notice of Intent (NOI) for the Noncontact Cooling Water General Permit

1. General facility information. Please provide the following information about the facility.

a) Name of facility: <b>Ametek Aerospace &amp; Defense</b>		Type of Business: <b>Manufacture of Measure Devices for Aircraft</b>
Facility Location Address : <b>50 Fordham Rd</b> <b>Wilmington, MA 01887</b>  longitude: <u>71 08 15</u> latitude: <u>42 33 40</u>	Facility SIC codes:  <div style="text-align: center;"><b>3829</b></div>	Facility Mailing Address (if not location address)  <div style="text-align: center;">same</div>
b) Name of facility owner: <b>Ametek, Inc (parent company)</b>		Email address of owner: <b>AL.Shafner@Ametek.com</b>
Owner's Tel #: <u>978 988 4534</u> Owner's Fax # <u>978 988 4533</u>		Owner is (check one): 1. Federal <input type="checkbox"/> 2. State <input type="checkbox"/> 3. Tribal <input type="checkbox"/> 4. Private <input checked="" type="checkbox"/> 4. Other <input type="checkbox"/> (Describe)
Address of owner (if different from facility address) Parent company: <b>37 North Valley Road</b> <div style="text-align: center;"><b>Paoli, PA 19301-0801</b></div>		
Legal name of Operator, if not owner: <u>Ametek Aerospace &amp; Defense</u> Operator Contact Name: <u>Al Shafner</u> Operator Tel Number: <u>978 988 4534</u> Fax Number: <u>978 988 4533</u> Operator's email: <u>AL.Shafner@Ametek.com</u> Operator Address (if different from owner) <div style="text-align: center;"><b>50 Fordham Rd, Wilmington, MA</b></div>		
d) Attach topographic map indicating the locations of the facility and the receiving water; all NCCW discharge points; upstream and downstream monitoring points. Map attached? <u>X</u>		
e) Check Yes or No for the following: 1. Has a prior NPDES permit been granted for the discharge? Yes <u>X</u> No <input type="checkbox"/> If Yes, Permit Number: <b>MA0001635 &amp; MAG2</b> 2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input type="checkbox"/> No <u>X</u> 3. Is the facility covered by an individual NPDES permit? Yes <input type="checkbox"/> No <u>X</u> If Yes, Permit Number _____ 4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <u>X</u> If Yes, date of submittal: _____		

**2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)**

- a) Name of receiving water into which discharge will occur: Ipswich River  
State Water Quality Classification: Class B Freshwater: X Marine Water: \_\_\_\_\_
- b) Describe the discharge activities for which the owner/applicant is seeking coverage: Non-contact cooling water from the cooling of flow meter test stands, and two air compressors.
- c) **FOR MASSACHUSETTS FACILITIES ONLY: Engineering Calculations:** Submit the completed engineering calculation of the surface water temperature rise as shown in Attachment A of the General Permit. Check if attached: X
- d) Number of outfalls 1

For each outfall:

- e) What is the maximum daily and average monthly flow of the discharge? Note that EPA will use the flow reported here as the facility's permitted effluent flow limit. Max Daily Flow 25,000 GPD Average Flow 11,000 GPD
- f) What is the maximum daily and average monthly temperature of the discharge (in degrees F)? Max Temp. 79 Average Temp. 63
- g) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 7.6 Min pH 6.8
- h) **FOR MASSACHUSETTS FACILITIES ONLY:** Is the source water of the NCCW potable water? Yes X No \_\_\_\_\_ If Yes, EPA will calculate the Total Residual Chlorine limit for facilities located in Massachusetts.
- i) Is the discharge continuous? Yes X No \_\_\_\_\_ If no, is the discharge periodic (P) (occurs regularly, i.e., monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B) \_\_\_\_\_  
If (P), number of days or months per year of the discharge \_\_\_\_\_ and the specific months of discharge \_\_\_\_\_;  
If (I), number of days/year there is a discharge \_\_\_\_\_
- j) Latitude and longitude of each discharge within 100 feet: outfall 1: long. 71 08 04 lat. 42 33 40; outfall 2: long. NA lat. \_\_\_\_\_;  
outfall 3: long. NA lat. \_\_\_\_\_ (See [http://www.epa.gov/tri/report/siting\\_tool](http://www.epa.gov/tri/report/siting_tool))
- k) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 0.0465 cfs  
Please attach any calculation sheets used to support stream flow and dilution calculations. See General Permit Attachment B for equations and additional information.

**MASSACHUSETTS FACILITIES:** See Part 3.4 and Appendix 1 of the General Permit for more information on ACEC.

Areas of Critical Environmental Concern (ACEC): Does the discharge occur in an ACEC? Yes \_\_\_\_\_ No X

If yes, provide the name of the ACEC: \_\_\_\_\_

**3. NCCW Source Water Information.** Please provide information about the NCCW source water, using separate sheets as necessary:

<p>a) Indicate source of the NCCW (i.e., municipal water supply, private well, surface water withdrawal, groundwater):  Source: <u>Municipal Water Supply</u>  Name of Source Water: <u>Wilmington Water Dept.</u>    Is the source registered/permitted under MA Water Management Act or NHDES Water User Registration Rule (Env Wq 2202)?  Yes <u>X</u> No <u>      </u>    If yes, registration number: <u>31734201</u></p>	<p>b) If source water is surface water: <u>NA</u>  i) Is it a freshwater river or stream Yes <u>      </u> No <u>      </u>  ii) Is it a lake? <u>      </u> reservoir? <u>      </u>  iii) Is it tidal river? <u>      </u> estuary? <u>      </u> ocean? <u>      </u>  c) Is the source water groundwater? Yes <u>      </u> No <u>      </u> If yes, see Appendix 8 and submit effluent and surface water test results, as required in Part 5.4 of the General Permit.  d) Does the facility use both a primary and backup source of noncontact cooling water?  Yes <u>      </u> No <u>      </u>  If yes, attach information that identifies and explains the primary and backup sources of noncontact cooling water for and how often the backup supply was used in last three years.</p>
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**4. Best Technology Available for CWIS**

Are you subject to BTA requirements at Part 4.2 of the General Permit? (Facility's discharge is covered by this General Permit and the facility withdraws noncontact cooling water from surface source water). Yes        No X If No, explain: Not from Surface Water

If YES, attach the facility-specific BTA description as required in Part 4.3 of the General Permit. For additional information and guidance, see Questions 13-23 of the NCCW Fact Sheet, posted at <http://www.epa.gov/region1/npdes/nccwgp.html>. Provide a map showing the location of each CWIS intake structure; NCCW outfall(s) and any CWIS feature referred to in the BTA description.

Include in your description:

- Measures to meet the General Permit Part 4.3.a general BTA requirements, including documentation that describes the facility's monitoring program for impinged fish and/or invertebrate; or the required alternative monitoring plan frequency and/or protocol
- A characterization of the source water body's aquatic life habitat in the vicinity of each CWIS during the seasons when the CWIS may be in use
- The attributes of the current CWIS
- Design measures of the CWIS
- Operation measures of the CWIS
- Historical occurrence of impinged fish for the past five years
- If applicable, a demonstration that the facility's intake rate is commensurate with a closed-cycle recirculation system
- Other components to reduce impingement and/or entrainment of aquatic life

#### 4. BTA FOR CWIS CONTINUED:

Provide the following information for each CWIS to support your attached facility-specific BTA description.

Design capacity of the of the CWIS \_\_\_\_\_MGD

Maximum monthly average intake of the CWIS during the previous five years \_\_\_\_\_MGD    Month in which this flow occurred \_\_\_\_\_

Maximum through-screen design intake velocity \_\_\_\_\_feet/second (fps)

For facilities where the CWIS is located on a freshwater river or stream, provide the following information:

The source water's annual mean flow \_\_\_\_\_cubic feet/second (cfs) as available from USGS or other appropriate source

The design intake flow as a % of the source water's annual mean flow \_\_\_\_\_ Attach calculations if equal to or less than 5% of annual mean flow.

The source water's 7Q10 \_\_\_\_\_cfs. See Attachment B of the General Permit for more information on 7Q10 determinations.

The design intake flow as a percent of the source water's 7Q10 \_\_\_\_\_

#### 5. Contaminant Information

If applicable, attach a listing of all non-toxic pH neutralization and/or dechlorination chemicals used, including chemical name and manufacturer; maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the NCCW discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC<sub>50</sub> in percent for aquatic organism(s)).      No Chemicals Used

#### 6. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendix 2, Part C, Step 4, of the General Permit. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes\_\_No\_\_X\_\_
- b) Has any consultation with the federal services been completed?    Yes\_X\_\_ No\_\_ Presumed to have occurred upon issuance of Individual NPDES permit
- c) Is consultation underway?    Yes\_\_ No\_X\_\_
- d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): Unknown  
a "no jeopardy" opinion \_\_\_\_ or written concurrence \_\_\_\_ on a finding that the discharges are not likely to adversely affect any endangered species or
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D or E) have you met? \_\_A / B\_\_\_\_
- f) Attach a copy of the most current federal listing of endangered and threatened species from the USF&W web site listed in Appendices 2, 2.1 and 4

#### 7. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:


- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes\_\_ No\_X\_\_
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes\_\_ or No\_X\_\_ If yes, attach the results of the consultation(s).
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 o3) have you met? \_\_\_\_1\_\_\_\_

**8. Supplemental Information:** Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit

**9. Signature Requirements:** The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

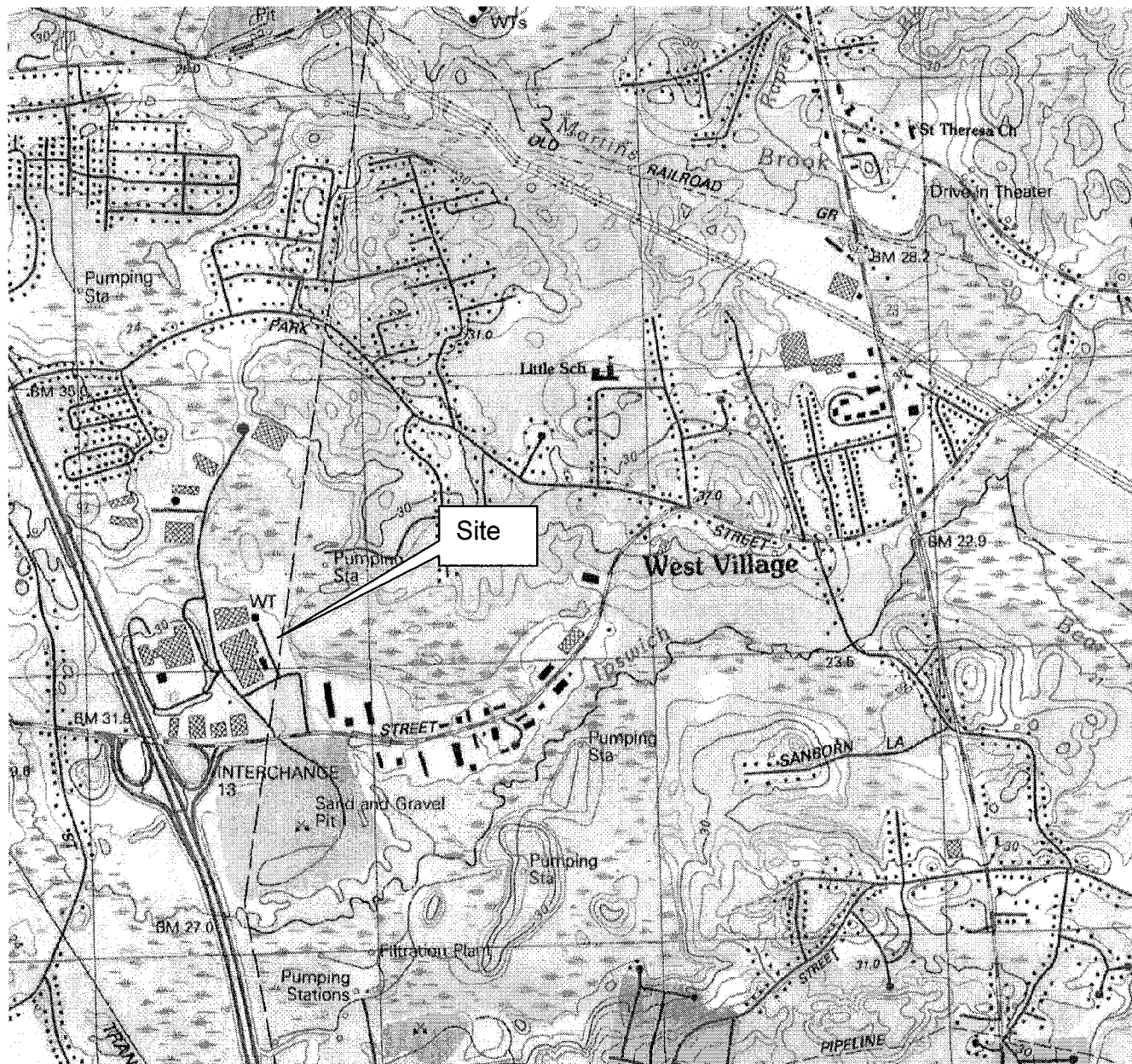
I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the noncontact cooling water (NCCW) system; (2) the discharge consists solely of NCCW (to reduce temperature) and authorized pH adjustment and/or dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product (other than heat) or finished product; (4) if the discharge of noncontact cooling water subsequently mixes with other wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for noncontact cooling water; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility Name:	Ametek Aerospace & Defense
Operator signature:	
Title:	SVP/GM
Date:	9/28/08

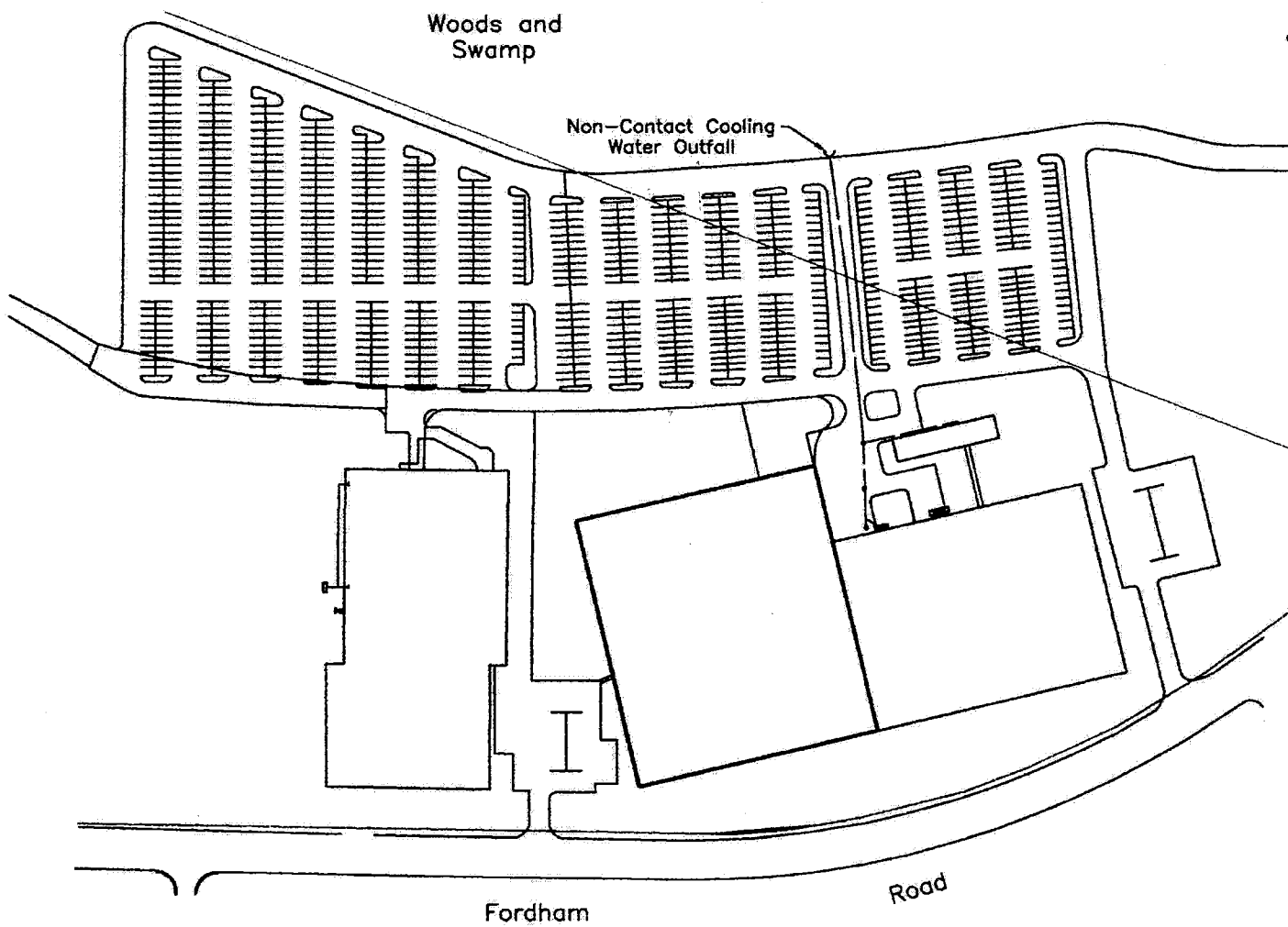
Federal regulations require this application to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.



0 1000 ft  
approximate scale





CLIENT: Ametek Aerospace & Power Instruments		PROJECT: 50 Fordh Wilming	
TITLE: Non-Contact Cooling Water D MAG250000			
DESIGNED: EJW	DRAWN: DNW	CHECKED: EJW	APPROVED: EJW
SCALE: 1"=200'	DATE: 20Sept02	FILE NO: 020910a	PROJECT N 02091

**ENGINEERING CALCULATIONS  
AMETEK AEROSPACE AND DEFENSE**

**NON-CONTACT COOLING WATER GENERAL PERMIT MAG25000**

**Per NCCWGP, Attachment A, Example Engineering Calculations:**

**Maximum Change in Temperature at Discharge Location to River (Class B, warm water fishery):**

$$\Delta T_r = m_p / m_r * \Delta T_p$$

Note: Discharge is via a 400+ foot underground pipe, prior to entering a wetland that leads to the tributary to Ipswich River. Temperature is adjusted significantly during this conveyance.

**Temperature and pH readings taken at an upstream location and a location immediately downgradient of the outfall, showed no impact from discharge (both readings were the same pH and temperature).**

where:

$\Delta T_r$  = = change in river temperature, degrees F

$m_p$  = 25,000 = mass of effluent in million gallons per day

$m_r$  = 30,000 = mass of river in million gallons per day (use worst case 7Q10 - below)

$\Delta T_p$  = 5 = change in temperature, effluent - influent to river, degrees F  
(maximum discharge temperature anticipated due to site characteristics)

7Q10 = 0.03 = seven day, ten year low flow  
per <http://www.epa.gov/region1/npdes/nccwp.html> (see attached copy)  
0.03 mgd = 30,000 gpd

**Permit allows for a change of less than 5 degrees in Class B warm water fisheries**

calculated as:

$$\begin{aligned} \Delta T_r &= m_p / m_r * \Delta T_p \\ &= 4.17 \text{ degrees F (worst case potential change in temperature)} \end{aligned}$$

**NPDES NCCW ESTIMATED 7Q10**  
(7/1/2008)

Facility	Permit No.	Receiving Water (Watershed)	7Q10 (MGD)
US Army Soldier Systems Center Natick	MAG250035	South Pond of Lake Cochituate (SuAsCo)	Lake
* Ametek Aerospace & Power Instruments, Wilmington	MAG250021	Trib to Ipswich River	0.03
Atlantic Frost Seafoods Fall River	MAG250036	Mount Hope Bay	Marine
Baker Commodities North Billerica	MAG250026	Concord River	23.2
Boott Cotton Mills Museum Lowell	MAG250732	Eastern Canal to Merrimack River	~580
Boott Hydropower, Inc. Eldred F. Field Hydroelectric Project Lowell	MAG250163	Merrimack River	~580
Boott Hydropower, Inc. Hamilton Power Station, Lowell	MAG250949	Hamilton Canal to Merrimack R.	~580
Boott Hydropower, Inc. John Street Power Station Lowell	MAG250950	Merrimack River	~580
Communications & Power Industries - Beverly Microwave Division Beverly	MAG250520	Unnamed Trib to Bass River (North Coastal)	0.01
Concrete Block Insulating Systems, Inc. West Brookfield	MAG250121	Wetlands leading to Quaboag River (Chicopee)	0.11
Crane & Co., Byron Weston Mill Dalton	MAG250956	Housatonic River	3.4
Crane & Co., Pioneer Mill Dalton	MAG250955	Housatonic River	3.4
Doncasters, Inc. - Storms Forge Division, Springfield	MAG250947	Poor Brook to Chicopee River	0.01
Double-A-Plastics Co.	MAG250027	Chicopee Brook	0.71

**FEDERALLY LISTED ENDANGERED AND THREATENED SPECIES  
IN MASSACHUSETTS**

COUNTY	SPECIES	FEDERAL STATUS	GENERAL LOCATION/HABITAT	TOWNS
Barnstable	Piping Plover	Threatened	Coastal Beaches	All Towns
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Chatham
	Sandplain gerardia	Endangered	Open areas with sandy soils.	Sandwich and Falmouth.
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Bourne (north of the Cape Cod Canal)
Berkshire	Bog Turtle	Threatened	Wetlands	Egremont and Sheffield
Bristol	Piping Plover	Threatened	Coastal Beaches	Fairhaven, Dartmouth, Westport
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Fairhaven, New Bedford, Dartmouth, Westport
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Raynham and Taunton
Dukes	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	All Towns
	Piping Plover	Threatened	Coastal Beaches	All Towns
	Northeastern beach tiger beetle	Threatened	Coastal Beaches	Aquinnah and Chilmark
	Sandplain gerardia	Endangered	Open areas with sandy soils.	West Tisbury
Essex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Gloucester, Essex and Manchester
	Piping Plover	Threatened	Coastal Beaches	Gloucester, Essex, Ipswich, Rowley, Revere, Newbury, Newburyport and Salisbury
Franklin	Northeastern bulrush	Endangered	Wetlands	Montague
	Dwarf wedgemussel	Endangered	Mill River	Whately
Hampshire	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Hadley
	Puritan tiger beetle	Threatened	Sandy beaches along the Connecticut River	Northampton and Hadley
	Dwarf wedgemussel	Endangered	Rivers and Streams.	Hadley, Hatfield, Amherst and Northampton
Hampden	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Southwick
Middlesex	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Groton
Nantucket	Piping Plover	Threatened	Coastal Beaches	Nantucket
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Nantucket
	American burying beetle	Endangered	Upland grassy meadows	Nantucket
Plymouth	Piping Plover	Threatened	Coastal Beaches	Scituate, Marshfield, Duxbury, Plymouth, Wareham and Mattapoisett
	Northern Red-bellied cooter	Endangered	Inland Ponds and Rivers	Kingston, Middleborough, Carver, Plymouth, Bourne, and Wareham
	Roseate Tern	Endangered	Coastal beaches and the Atlantic Ocean	Plymouth, Marion, Wareham, and Mattapoisett.
Suffolk	Piping Plover	Threatened	Coastal Beaches	Winthrop
Worcester	Small whorled Pogonia	Threatened	Forests with somewhat poorly drained soils and/or a seasonally high water table	Leominster

- Eastern cougar and gray wolf are considered extirpated in Massachusetts.
- Endangered gray wolves are not known to be present in Massachusetts, but dispersing individuals from source populations in Canada may occur statewide.
- Critical habitat for the Northern Red-bellied cooter is present in Plymouth County.

7/31/2008

<http://www.fws.gov/northeast/newenglandfieldoffice/pdfs/MA%20species%20by%20town.pdf>

## National Register of Historic Places 24-Sep-08

Index by State and City report  
Complete List for the Town of Wilmington:

STATE	COUNTY	RESOURCE NAME	ADDRESS	CITY	LISTED	MULTIPLE
MA	Middlesex	Boutell--Hathorn House	280 Wobun St.	Wilmington	10/27/2004	
MA	Middlesex	Buck's Corner Historic District	216 Wildwood St., 580,584,588,590,602,603,604 Woburn St.	Wilmington	11/21/2003	First Period Building Eastern Massachusetts
MA	Middlesex	Buck, Ephraim, House	216 Wildwood St.	Wilmington	3/9/1990	First Period Building Eastern Massachusetts
MA	Middlesex	Church Street Historic District	72-150 and 117-135 Church St., 4 Central St.	Wilmington	11/21/2003	
MA	Middlesex	Gowing--Sheldon Historic District	642 and 643 Woburn St.	Wilmington	11/21/2003	
MA	Middlesex	Harnden Tavern	430 Salem St.	Wilmington	4/8/1975	
MA	Middlesex	High Street Historic District	Even nos. 8-72 High St. except 20A and 20R, plus nos. 31, 47, 57 and 67.	Wilmington	11/21/2003	
MA	Middlesex	Middlesex Canal	Running SE between towns of Lowell and Woburn	Wilmington	8/21/1972	
MA	Middlesex	West Schoolhouse	Shawsheen Ave. at Aldrich Rd.	Wilmington	2/21/1990	
MA	Middlesex	Wilmington Centre Village Historic District	Roughly, Middlesex Dr. and Church St. from Adams St. to Wildwood Cemetery	Wilmington	4/8/1992	

*All sites are located northwest or west of the subject property,  
on upgradient*

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

**Copy 1 - the original** must accompany your permit application.  
**Copy 2** must accompany your fee payment.  
**Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

DEP  
P.O. Box 4062  
Boston, MA  
02211

**\* Note:**  
For BWSC Permits, enter the LSP.

## B. Applicant Information – Firm or Individual

### Ametek Aerospace & Defense

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. **Last Name** of Individual

50 Fordham Road

5. Street Address

Wilmington

6. City/Town

Al Shafner

11. Contact Person

3. **First Name** of Individual

MA

7. State

01887

8. Zip Code

978 988-4534

9. Telephone #

4. MI

10. Ext. #

12. e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

### Ametek Aerospace & Defense

1. Name of Facility, Site Or Individual

50 Fordham Road

2. Street Address

Wilmington

3. City/Town

MA

4. State

01887

5. Zip Code

978 988-4534

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

## D. Application Prepared by (if different from Section B)\*

### ATC Associates

1. Name of Firm Or Individual

600 West Cummings Park, 5th Floor

2. Address

Woburn

3. City/Town

Robin Decker

8. Contact Person

MA

4. State

01801

5. Zip Code

781-932-9400

6. Telephone #

7. Ext. #

9. LSP Number (BWSC Permits only)

## E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no

If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

## F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

### Special Provisions:

1. ☐ **Fee Exempt** (city, town or municipal housing authority)(state agency if fee is \$100 or less).

*There are no fee exemptions for BWSC permits, regardless of applicant status.*

2. ☐ **Hardship Request** - payment extensions according to 310 CMR 4.04(3)(c).

3. ☐ **Alternative Schedule Project** (according to 310 CMR 4.05 and 4.10).

4. ☐ **Homeowner** (according to 310 CMR 4.02).

Check Number

\$385

Dollar Amount

Date